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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V10925** (8)

1. Corporation Name
ADVENTURE OUTDOOR RESORTS WEST, INC.



Principal Place of Business 1125 US HIGHWAY 98 S SUITE 200 LAKELAND FL 33801 US	Mailing Address 1125 US HIGHWAY 98 S SUITE 200 LAKELAND FL 33801-5846 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/30/1992	3a. Date of Last Report 02/14/1996
21		26		4. FEI Number 59-3103268	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

9. Name and Address of Current Registered Agent MURPHY, RONALD T. ESQ. 5015 SOUTH FLORIDA AVE, SUITE 400A LAKELAND FL 33813		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with the provisions of the Florida Statutes, and the change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with the provisions of the Florida Statutes, and the change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent.

SIGNATURE *Ronald T. Murphy* DATE **1-9-97**
(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
	PD LEE, CLIFFORD G JR.		1125 05 HIGHWAY
STREET ADDRESS	5015 SOUTH FLORIDA AVENUE	1.3 STREET ADDRESS	98 SOUTH SUITE 200
CITY-ST-ZIP	LAKELAND FL 33813	1.4 CITY-ST-ZIP	LAKELAND FL. 33801
TITLE	NAME	2.1 TITLE	2.2 NAME
	S HAMSEC, HAROLD F.		HARSEC
STREET ADDRESS	1125 US 98 S, SUITE 200	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Harold F. Hamsec* DATE: **1-23-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)